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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Kazakhstan

Proposed UNFPA assistance:	$6.0 million, $4.0 from regular resources and $2.0 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	First
Category per decision 96/15:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.8	2.0	4.8
Population and development strategies	0.5	-	0.5
Advocacy	0.3	-	0.3
Programme coordination and assistance	0.4	-	0.4
Total	4.0	2.0	6.0

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KAZAKHSTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	100	≥60
Contraceptive prevalence rate (15-44) (%)[1]	59	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[2]	35	≤50
Maternal mortality ratio (/100,000)[3]	80	≤100
Gross female enrolment rate at primary level (%)[3]	89	≥75
Adult female literacy rate(%)	--	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1]National Institute of Nutrition (Kazakstan) and Macro International Inc., *Kazakstan Demographic and Health Survey, 1995*. Calverton, Maryland: National Institute of Nutrition and Macro International Inc., 1996.
[2]United Nations Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World Population Prospects: The 1998 Revision*
[3]United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997.
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	16 223	Annual population growth rate (%)	-0.35
Population in year 2015 (000)	16 919	Urban	1.15
Sex ratio (/100 females)	94.8	Rural	-.73
Per cent urban	60	Total fertility rate (/woman)	2.30
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	27.6	Males	62.8
Youth (15-24)	18.0	Females	72.5
Ages 60+	11.4	Both sexes	67.6
		GNP per capita (U.S. dollars, 1997)	1,350

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision. Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision. GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2000-2004 to assist the Government of Kazakhstan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.0 million, of which $4.0 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $2.0 million from multi-bilateral resources and/or other, including regular, resources to the extent possible. This would be the Fund's first programme of assistance to Kazakhstan. Assistance was earlier provided to Kazakhstan under a UNFPA-supported subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the Government's development objectives as set out in the *Kazakhstan – 2030 Prosperity, Security and Ever Growing Welfare of All the Kazakhstanis* ("Kazakhstan – 2030"), formulated in October 1997. It is based on the recommendations of the UNFPA Country Population Assessment (CPA), conducted in 1998 under the leadership of a national steering committee with the assistance of a team of national experts, UNFPA Country Support Team (CST) advisers and international consultants. The programme is harmonized with the cycles of UNDP and UNICEF. UNFPA will collaborate with its United Nations Development Group (UNDG) partners in conducting the Common Country Assessment (CCA) and preparing for the United Nations Development Assistance Framework (UNDAF) exercise to be carried out towards the end of the programme cycle.

3. The goal of the national development programme, as formulated in "Kazakhstan – 2030", is to improve the health, education and well-being of all citizens and, by the year 2030, to have attained a population compatible with the sustainable human development of the country. Although there is no comprehensive population policy, one national objective announced by the President is to increase the total population from the current size to 25 million by the year 2030. "Kazakhstan – 2030", a presidential decree to move the country into the next millennium, also features elements of population policy in two of its seven development priorities. The section on national security formulates strategies to stimulate population growth and to curb the trends of increasing death rates and decreasing birth rates. The section on health, education and well-being provides for an increase in longevity through the promotion of healthy lifestyles which would, inter alia, help to reduce preventable diseases and substance abuse.

4. The goal of the proposed programme would be to contribute to the attainment of the national objectives of improving the reproductive health status of the people of Kazakhstan, ensuring gender equality and equity, and attaining a population size compatible with their sustainable human development. UNFPA assistance would be delivered through three subprogrammes in reproductive health, population and development strategies and advocacy. Attention to the reproductive health and

population and development concerns in the ecologically-degraded regions of Semipalatinsk and the Aral Sea would be a cross-cutting dimension of the three subprogrammes.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background[1]

6. Kazakhstan's population was an estimated 15.7 million in 1998, having declined from 16.5 million in 1992 due to considerable out-migration (an estimated 1.9 million people left the country after Independence), declining fertility, and increasing mortality, particularly among adult men. From 1990 to 1995, life expectancy declined from 63.7 to 58.4 years for men and from 73.0 to 69.5 years for women.

7. The Demographic and Health Survey (DHS), conducted in 1995, estimated the total fertility rate at 2.49 children per woman. Contraceptive prevalence increased from 26 per cent in 1991 to 40 per cent in 1997 among all women of reproductive age. DHS reports a total contraceptive prevalence rate (CPR) of 59 per cent of currently married women, of whom 46 per cent are using a modern contraceptive. The intra-uterine device (IUD) accounts for two thirds of the modern methods used.

8. As of 1992, abortion rates were equal to or higher than birth rates, with women reporting a lifetime average of five abortions; this average number of abortions declined to less than two in 1997. The largest declines were seen among women in the older age groups. Abortion continues to be practised as a means of fertility regulation, and women under the age of 20 account for 10 per cent of all abortions. Abortion among teenagers is growing, and more than one third of post-abortion complications are reported to occur among this age group. The reportedly rising incidence of infertility may be due, in part, to post-abortion complications and untreated sexually transmitted diseases (STDs).

9. Infant mortality levels increased by 6 per cent from 1990 to 1995 and, thereafter, began to decline, reaching a level of 24.9 per 1,000 live births in 1997. The maternal mortality ratio, which was 77 deaths per 100,000 live births in 1997, has shown little improvement over the last five years.

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[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health, and may vary from the data in the fact sheet.*

Abortion complications cause approximately 43 per cent of maternal deaths; obstetric bleeding accounts for another 17 per cent. Rural women are at greater risk of maternal death.

10. The status of women is protected by laws and decrees intended to ensure equality and equity. However, poor economic performance and rising unemployment are adversely affecting the socio-economic and reproductive health status of women and girls. The incidence of violence against women warrants further research.

Previous UNFPA assistance

11. In 1992, UNFPA launched an emergency programme of assistance to Kazakhstan, consisting mainly of the provision of basic medical equipment, contraceptive supplies and the training of health staff. In 1995, the UNDP/UNFPA Executive Board approved a programme of assistance to the Central Asian subregion, which was subsequently extended through 1999, with a total allocation to Kazakhstan of about $5.5 million. UNFPA-supported projects focused on reducing the high rate of induced abortions, increasing short birth intervals, broadening the contraceptive method mix, and promoting informed contraceptive choice through counselling and the provision of adequate information, education and communication (IEC). Population education and curriculum development was undertaken in collaboration with the International Planned Parenthood Federation. Through the United Nations Statistics Division, technical assistance and equipment were provided for the preparation of the national population census.

12. Overall, the programme contributed significantly to the increase of the CPR. Demand for a wide range of methods has grown, and the increased supplies of contraceptives have contributed to the reduction in the abortion rate. Over the programme period, the CPR increased by 32 per cent while the abortion rate declined by 15 per cent.

13. The Fund's substantial operational experience in dealing with population trends and culturally sensitive issues such as adolescent reproductive health needs and contraceptive use has contributed to the start of a policy debate on population and development and reproductive health strategies in Kazakhstan. UNFPA has also assisted in improving quality of care, contraceptive procurement and logistics management through, inter alia, strengthening the national capacity for forecasting contraceptive needs, and management and monitoring of the distribution of supplies.

14. Lessons learned as identified in the end-of-programme evaluation concern the need to better tailor training to the practical needs of trainees. There is a great need for further improvements in the quality of care and medical practices. The building of community trust is fundamental for effective community-based services, especially when those services are to be provided through a partnership between medical and non-medical organizations. Cost-recovery mechanisms would need to be piloted and government budgetary resources would need to be allocated for the procurement of

contraceptives if the programme is to reach sustainability. Although private-sector pharmacies have a role in the provision of contraceptives, there is an urgent need for the public sector to make family planning methods available at no cost to the client; this is recommended, in particular, for the promotion of condom use among high-risk groups with respect to STDs and HIV/AIDS prevention. The expansion of the contraceptive method mix to include hormonal contraceptives would require other improvements in quality of care, such as counselling to increase client confidence.

Other external assistance

15. Donor assistance to the reproductive health sector totalled $46 million (1993-1997). The Soros Foundation and the British Know How Fund (KHF) are supporting sex education and other activities. The Government of Germany made funding available for the supply of contraceptives. The Department for International Development (DFID) of the United Kingdom has been supporting population education for adolescents and is funding a research programme on reproductive health involving British research institutions. The Government of the Netherlands has supported population education and curriculum development. The Government of Finland has provided support for the census preparations.

16. The World Bank is planning a loan of $20 million to the health sector as support to establish family physicians or general practitioners within primary health care (PHC) polyclinics. The United States Agency for International Development (USAID) has funded efforts to reform health care financing, the service delivery system and contraceptive procurement. It also collaborated with UNFPA in the Contraceptive Requirements and Logistics Management Needs Study (1999), supporting the participation of one expert. In support of reproductive health, USAID funded the POLICY project and the DHS. USAID resources totalled $14.7 million over the period 1993-1997. Other major donor agencies in the health sector are UNDP, UNICEF, the World Health Organization (WHO) and Médecins sans Frontières.

Proposed programme

17. The goal of the proposed programme is noted in paragraph 4. The proposed programme is based upon previous experience and lessons learned, the results of the CPA and the end-of-programme evaluation, the comparative advantage of the Fund, the findings of the Contraceptive Requirements and Logistics Management Needs Study, and the priority needs of the country in reproductive health and population strategy development.

18. The strategy of the proposed programme is to further improve access to and the quality of reproductive health services and to advocate the importance of reproductive health services and integrated development planning and decision-making, while assisting overall health reforms, providing strategic IEC support for meeting adolescent reproductive health needs, strengthening data collection and research and addressing concerns that may have an ecological origin. This strategy

would be most effectively applied by organizing outputs and activities around the three core programme areas of reproductive health, population and development strategies, and advocacy. Gender considerations would be mainstreamed throughout the three subprogrammes. To maximize results, the programme proposes to concentrate its activities in five selected geographic areas: East Kazakhstan, Kyzyl Orda, Chimkent, Karaganda, and the Capital.

19. Reproductive health subprogramme. The CPA identified unacceptably high maternal mortality, high rates of birth trauma and abortions, and the deterioration of existing reproductive health/family planning services as priority concerns. The purpose of this subprogramme would be to contribute to the increased utilization of integrated, gender-sensitive, high-quality reproductive health services that recognize the reproductive rights of all citizens and to increase the knowledge required to bring about behavioural changes regarding safe sexual and reproductive health practices. It is proposed that this subprogramme concentrate support in the selected areas referred to above while focusing on expanding the availability and access to quality reproductive health information and services as part of PHC and integrated family care. Region-specific strategies would be developed and special attention would be given to ensuring that the subprogramme complements the support of other donors in the health sector.

20. The first expected output would be the operationalization of streamlined policies regarding reproductive health and gender fully supportive of the national health care reform and integrated in pilot PHC models. The national health care reform programme, "Health of the Nation", has been one of the mid-term sectoral strategies, launched in November 1998. The reform aims at partly privatizing health care, shifting from curative to preventive services, decentralizing PHC, broadening the medical skills base at the community level through the introduction of family doctors and changing to a needs-based funding system. To achieve this output, the subprogramme would support the operations of a working group on National Policy for Reproductive Health, a review of clinical protocols and normative standards to ensure conformity to international standards for quality of care, the preparation of enabling legislation, and the provision of related management training. Improvements in clinical practice and management would help to reduce the number of maternal deaths, birth traumas, STDs and abortion cases.

21. The subprogramme would also aim at achieving the strengthened capacity of an efficient network of high-quality reproductive health services, fully integrated in the reformed system of family doctors, with special attention to the sustainability of community-based services through local NGOs and an effective planning and monitoring system, including the distribution of commodities. The CPA as well as the end-of-programme evaluation highlight the critical need to expand the use of reproductive health services through integration in PHC as part of the package of essential services that would remain available free of charge. To improve access and the availability of health services, the main emphasis would be on strengthening PHC, including essential obstetric care. A shift towards strengthening the provision of PHC would require an expansion of training resources

directed to PHC service providers, and, in particular, to family doctors and midwives who are the principal providers of reproductive health services.

22. To address this critical need, support would be provided to the out-patient services of the five selected reproductive health centres to develop a training programme for PHC service providers in the governmental and non-governmental sectors, with particular attention to the role of family doctors and midwives/nurses. Training in counselling skills, quality-of-care practices, reduction of side-effects and issues of contraceptive discontinuation, the introduction of cost-effective reproductive health monitoring techniques, the adaptation of existing pre-service and in-service curricula on reproductive health to the needs of family doctors and midwives/nurses, and an expansion of the pilot community-based services including elements of cost recovery would be other important activities supported to achieve this output.

23. Another integral component of making high-quality reproductive health services available concerns a reliable supply of commodities such as contraceptives. At present, there is no government budget for contraceptive procurement or a system to collect the data required for reliable projections of contraceptive needs. The Contraceptive Requirements and Logistics Management Needs Study provides recommendations on how to overcome problems experienced in the absence of clear contraceptive policy guidelines.

24. The subprogramme would also seek to bring about increased awareness and knowledge among youth, men and women with respect to reproductive health and reproductive rights and enhanced health-related behaviour as promoted through the Healthy Life Style Initiative. Adolescents form a significant proportion of the population of Kazakhstan with unique needs and aspirations. To reach these groups, the programme would require a youth-oriented IEC strategy which gives particular importance to peer group communication and community participation. Community participation is important to mobilize a broader and more inclusive movement for promoting health and reproductive rights. NGOs may be effective partners but require training in institutional development, social mobilization methods, participatory communication techniques, interpersonal communication skills and non-clinical service provision.

25. In addition to technical assistance to build up a core of expertise for comprehensive communication planning, support would be given to undertake the research necessary to design an IEC strategy in coordination with other donors, such as DFID. The training of media and education personnel in designing IEC programmes, the development and dissemination of IEC materials related to reproductive health issues, replication of the community-based distribution model previously developed in South Kazakhstan, and the preparation of a reproductive health information kit for returning Kazakhs would also contribute to the achievement of this output.

26. Of the $4.8 million to be allocated to this subprogramme, $2.0 million would be sought from multi-bilateral or other sources. UNFPA is consulting with donors to explore the possibility of co-

financing some of the activities under the proposed programme, including the procurement of contraceptive commodities.

27. Population and development strategies subprogramme. The CPA identified crucial concerns in the area of population and development which require immediate attention. These include national capacity building for long-term and comprehensive population policy analysis and development planning, and for related data collection, research and analysis. The purpose of this subprogramme would be to contribute to the adoption of policies, plans and resource allocations reflecting improved integration of population issues in the national agenda for sustainable development, including the particularly challenging issues of population and development in the ecological disaster areas of Semipalatinsk and the Aral Sea.

28. The subprogramme would seek to enhance institutional capacity for formulating population policies consistent with sustainable development, as well as for planning, coordinating and monitoring activities dealing with population and development interrelationships, particularly those of relevance to the environmentally degraded zones. The "Kazakhstan 2030" goals provide a framework for a population and development policy that would improve the quality of life. Effective policies are the outcome of a participatory formulation process that involves major stakeholders, including the Government and civil society. This subprogramme would contribute to mainstreaming population variables and to fostering multisectoral collaboration.

29. Technical assistance would be provided to the Agency for Strategic Planning, the Agency on Migration and Demography, Government ministries and other entities. This assistance would include tools to assess the interrelationship between environmental degradation and reproductive health and to contribute to the integration of population, environment and development issues and concerns in national decision-making.

30. National capacity for data collection, analysis and qualitative and quantitative research in support of the population programme would also be strengthened. The CPA experienced constraints because the database is inadequate for an in-depth assessment of the population and development situation in the country. Accurate and current data on environment, health and education, demographic parameters and the economy are necessary inputs for policy-making and development planning. The proposed subprogramme would contribute to strengthening the technical capacity of the State Statistical Agency to collect, analyse and disseminate population data and to enhance the institutional capacity of the Agency on Migration and Demography to coordinate a comprehensive research agenda involving selected research centres.

31. The amount of $0.5 million from regular resources would be allocated to this subprogramme.

32. Advocacy subprogramme. The purpose of this subprogramme would be to contribute to the creation of an enabling environment for the formulation and implementation of integrated national

development policies which are consistent with the ICPD Programme of Action. Attention is being given at the highest level to initiatives addressing the threat of the so-called demographic cross, a demographic situation in which death rates exceed birth rates. It would greatly add to the effectiveness of the proposed programme if the political leadership would be provided with solid and verifiable information for an in-depth and broad-based debate on population and development issues of fundamental importance to the future of the country. Moreover, the complication of the development debate by population and development concerns that may have an ecological origin warrants advocacy support.

33. The output to be achieved under this subprogramme is strengthened support from a leadership that advocates sustainable development through knowledge of population and development interrelationships, with special attention for gender equality and equity, reproductive rights and the reproductive health needs of adolescents. Advocacy activities would be undertaken with national-level decision makers and parliamentarians whose support is critical in shifting the current population and development approach based on demographic targets to one that takes into account the intricate interrelationships that exist between the demographic and other development variables.

34. Continued advocacy initiatives would also be required to support the primary importance of reproductive health in the context of the health-system reforms. Enhanced awareness of the value of reproductive health services for strong and cost-effective operations of PHC at the community level would make local authorities effective advocates. For the Healthy Life Style Initiative to be successful in promoting changes in health-related behaviour, particularly among youth, it will need a supportive environment which allows for the creation of appropriate public policies and peer approaches that contribute to portraying youth with rights and responsibilities as future parents.

35. The amount of $0.3 million from regular resources would be allocated to this subprogramme.

Programme implementation, coordination, monitoring and evaluation

36. The execution and implementation of components of the proposed programme would be carried out by a combination of central and local government authorities, national and international NGOs, and United Nations organizations and agencies selected on the basis of their respective comparative advantages and technical and institutional capacities. Support for execution from international NGOs may be required for selected components. Technical backstopping would be provided through the UNFPA CST and other national and international experts, as required.

37. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The collection of baseline data at the beginning of the cycle and the use of the logical framework approach, with specific qualitative and quantitative indicators would allow monitoring of progress, including an assessment at mid-term and an evaluation at the end of the cycle. Regular project site visits and annual progress reports on project components would be

undertaken and would provide the necessary inputs for annual country programme and subprogramme reviews. The mid-term review would be held in 2002 and would assess overall progress and the adequacy of activities and strategies; this review may result in the adoption of programme adjustments for the remainder of the cycle. The end-of-programme evaluation would be undertaken in late 2003 or early 2004.

38. The UNFPA Country Director for Kazakhstan, based in Tashkent, Uzbekistan, has responsibility for the UNFPA programme in Kazakhstan. The Country Director is assisted by a National Programme Officer and a Secretary attached to the office of the UNFPA Representative, who is also the UNDP Resident Representative in Kazakhstan. Training would be provided to all programme and project staff on such topics as UNFPA programme policies and procedures, programme management and accountability, NGO capacity-building, gender equality and other key concepts of the ICPD Programme of Action.

39. The amount of $0.4 million from regular resources would be allocated for programme coordination ans assistance.

Recommendation

40. The Executive Director recommends that the Executive Board approve the programme of assistance for the Government of Kazakhstan, as presented above, in the amount of $6.0 million over the period 2000-2004, of which $4.0 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $2.0 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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